PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

			No	
	SCHOOL EXTRA-C	URRICULAR ACCOU	NT	
PAID BY CHECK: No.	Date	DATE		
Purchased From Address				
Purchased For				
Send Invoice To				
TO THE DISBURSIN	IG OFFICER:			
The following e	expense is proposed, payable from the	ne		_ Fund.
	oill to be properly itemized must show, , number of hours, rate per hour, num			ice rendered, by
Quantity	Description	Unit	Price	Total
		Total This Orde	er	
Signed: Perso	on Authorized to Purchase	I hereby certify that ther applicable fund sufficient Date:	t to pay the above o	
			Treasurer	

Signed:

PURCHASE ORDER

	ACCOUNTS PA (Recei	YABLE V	OUCHER	No		-
	SCHOOL EXTRA-CU	JRRICUL	AR ACCOUN	IT		
PAID BY CHECK:	Date		DATE			
Purchased From Address Purchased For						
Deliver To Send Invoice To						
TO THE DISBURSI	NG OFFICER:					
The following	expense is proposed, payable from the	=			Fund.	
No payment i	is to be made for this order until the SA	-1 Form is p	roperly filed and	the items have	been received.	
	bill to be properly itemized must show: y, number of hours, rate per hour, numl				rvice rendered,	by
Quantity	Description		Unit	Price	Total	
			Total This Order	r		
Signed:Pers	son Authorized to Purchase		certify that there e fund sufficient t	to pay the above		he
(are) true and corre itemized thereon for and received excep	the attached invoice(s), or bill(s), is ect and that the materials or services which charge is made were ordered t		T	reasurer		
Date:	,,,					

Date: _____, ____

Signature

Signed: ___

PURCHASE ORDER ACCOUNTS PAYABLE VOUCHER

	ACCOUNTS PA (File	File Copy) No						
	SCHOOL EXTRA-CU	JRRICULAR ACCOUN	IT					
PAID BY CHECK: No	Date	DATE _						
Purchased From Address Purchased For Deliver To Send Invoice To								
TO THE DISBURSI	NG OFFICER: expense is proposed, payable from th	e		Fund.				
An invoice or	is to be made for this order until the SA bill to be properly itemized must show: y, number of hours, rate per hour, num	: kind of service, where perfo	ormed, dates ser					
Quantity	Description	Unit	Price	Total				
		Total This Order						
Signed:Per	rson Authorized to Purchase	I hereby certify that there applicable fund sufficient to the Date:	o pay the above					
(are) true and corre	the attached invoice(s), or bill(s), is act and that the materials or services which charge is made were ordered t	I hereby certify that the att true and correct and I have IC 5-11-10-1.6.						

Date: _

Treasurer

Prescribed Form SA 2 (Rev 1970)

CHECK

HRS GROSS WORKED PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE			PERIOD ENDING	EMPLOYEE DETACH BEFORE CASHING
PRESCRIBED BY STA	ATE BOARD OF	ACCOUNTS					FORM No.	SA-2 (Rev. 1970)
				EXTRA-CURRICUL E OF SCHOOL)			No	
Fund Purpose P.O. No Claim No Invoice No		Pay to the order of		, Indiana			\$	
Payable at (Bank)		Superintendo	ent or Princi	nal		Treasu		ollars
		Superintend	ent of Pillici	SPACE FOR M.I.(:.R.	ileasu	161	

ORIGINAL

HRS WORKED	GROSS PAY	FEDERAL WITH.TAX	SOCIAL SECURITY	STATE WITH.TAX	INSURANCE			PERIOD ENDING	EMPLOYEE DETACH BEFORE
									CASHING
ESCRIBED	BY STAT	E BOARD OF	ACCOUNTS					FORM No.	SA-2 (Rev. 1970)
					EXTRA-CURF E OF SCHOOL		CCOUNT	No	
Fund						\langle			
Purpose _					, Indi	ana			,
P.O. No Claim No. Invoice No	D		Pay to the order of					\$	
					D//			 D	ollars
Payable at (Bank)	İ								
					NON - NEGO	TIABLE			
					SPACE FOR	MICP			

DUPLICATE

RECEIPT SCHOOL EXTRA-CURRICULAR ACCOUNT

	SCHO			
	, IN	,		
	Paym	nent Type and Amount		T
	Cash Check/Dratt Mo Amount Amount Amo	O Bank Card	EF I Amount	Other
RECEIVED FROM		\$		
THE SUM OF			OOLLARS	
FOR DEPOSIT TO THE CREDIT OF		F	UND	
SOURCE	(Activity)			
		TREASURER		
		TREASURER		
	ORIGINAL			
Prescribed by State Board of Accounts		Form N	o. SA-3 (Re	vised 1997)
schoo	RECEIPT L EXTRA-CURRICULAR ACCOUNT			
	SCHO			
	, IN	No.		
		nent Type and Amount		
	Cash Check/Draft Mo Amount Amount Amo	O Bank Card	EF I Amount	Otner
RECEIVED FROM		\$		
THE SUM OF			OOLLARS	
FOR DEPOSIT TO THE CREDIT OF		F	FUND	
SOURCE	(Activity)			
	<u> </u>	TREASURER		

DUPLICATE

TICKET SALES

			HON	ET SAL	LLO			
SCHOOL ———						ITV		
GAME ———								
OTHER-								
OTTLIX				_	ACTIVITY—			
	T	ICKETS	;					
							TOTAL	
KIND	ISSUEI	n	RETURN	IED	TICKETS	PRICE	AMOUNT	
KIND	SERIAL NO.		SERIAL NO.		SOLD 6	100	SALES	
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(Form SA-4) Prescribed b	y State Board of	Accounts					No	
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SCHOOL					TOWN OR C	ITY		
GAME———				_	DATE	11 \		
OTHER				_	ACTIVITY			
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	TOTAL	\searrow	115					
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Made by				Verified	and Approve	d by		
	(Title)					(O	fficial or Sponse	or)

DUPLICATE

FINANCIAL REPORT SCHOOL EXTRA-CURRICULAR ACCOUNT

From _		,
To		

NAME OF FUND	BALANCE BEGINNING OF PERIOD 1		RECEIPTS DURING PERIOD 2	EXPENDITURE 3	S	BALANCE END OF PERIOD 4	
	\$		\$	\$		\$	
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TOTAL ALL FUNDS	\$		\$	\$		\$	

CASH RECONCILEMENT

NAME OF BANK	LOCATION	
DEPOSITORY BALANCE		\$
CASH ON HAND (ADD)		
TOTAL CASH ON HAND AND IN DEPOSITORY		\$
TOTAL OF OUTSTANDING CHECKS (DEDUCT)		\$
BALANCE		

OUTSTANDING CHECKS

_____, _____,

DATE	NUMBER	AMOUNT		DATE	NUMBER	AMOUNT	•
		\$	\$		WARD	\$	
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	/		\searrow				
	(
CARRIED FORW	/ARD	\$		TOTAL		\$	

DETAIL OF RECEIPTS AND EXPENDITURES BY FUNDS

RE	ECEIPTS	ID	
SOURCE OF RECEIPTS	NATURE OF RECEIPTS	AMOUNT	
		\$	
TOTAL RECEIPTS		\$	

NOTE: TOTAL RECEIPTS MUST AGREE WITH RECEIPTS OF THIS FUND AS SHOWN IN COLUMN 2, PAGE 1.

EXPENDITURE

PURPOSE OF EXPENDITURE	AMOUNT	
	\$	
TOTAL EXPENDITURES	\$	

The bank in which a	Il moneys of this account are deposited is:
	Name of Bank
	Location of Bank
Date school officially close	d,
`	CATE OF SCHOOL TREASURER/PRINCIPAL
Account, hereby certify tha of my knowledge and belie	, Treasurer, School Extra-Curricula t the foregoing report of the said account is true and correct to the best f. I further certify that copies of this report have been filed with the to receive copies of said report.
	Treasurer
	Principal
COPIES TO BE FILED AS	FOLLOWS:
Township School:	1 copy to Township Trustee 1 copy to County Superintendent
School Corporation:	copy to Board of School Trustees or Board of School Commissioners copy to Superintendent of Schools

Prescribed by State Board of Accounts Form SA-6 (Rev. 1970)

SCHOOL EXTRA-CURRICULAR ACCOUNT

FUND	NO.
. 0.15	110.

	DATE	ITEM	RECEIPT OR CHECK NO.	~	RECEIPTS DEBIT	DISBURSEMENTS CREDIT	BALANCE	
1								1
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3								3
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24 25								25
26 26			1		-	+		26
26 27			1			+		27
28						+		28
29						+		29
30						+		30

Treasurer

CLAIM FOR PAYMENT

			No	
	SCHOOL EXTRA-CURRI	CULAR ACCOUNT		
PAID BY CHECK: No Purchased From	,,,,	DATE _		
Address Purchased For Delivered To Invoice Handed To				
TO THE DISBURSING	OFFICER:			
The following ex	pense is proposed, payable from the	F	und.	
An invoice or bill	to be made for this order until the SA-7 Form is proper to be properly itemized must show: kind of service, we hour, number of units, price per unit, etc.			om, rates per day,
Quantity	Description	Unit	Price	Total
	SAMO	Total This Order		\$
		Total This Order		Φ
		Approved for Payment	Signatu	
charge is made were o	nat the attached invoice(s), or bill(s), is (are) true and received except	correct and that the materials of	r services itemize 	d thereon for whic —
Date	,	Signed:		
		Signed:	Signature	
I hereby certify the last of t	nat the attached invoice(s), or bill(s), is (are) true and	correct and I have audited same	e in accordance v	vith IC 5-11-10-1.6

Date:	:		SU	JMMARY	COLLEC	TION FOR	RM	NUMBER _	
								S	chool
Depo	osit To:		(Fund)		Ti	me Frame c	of Fundrais	ser:	
Reas	on for F	Receipts:			(Fundrais	ser, Field Tr	ip)		
Spon	sor:		(Please F	Print Name)		,	Title: _		
RECI	EIPT DE	ETAIL:							
	CAS	H:					_	7	
	CHE		MONEY OR	RDERS:	(See Deta	nil Below)			
NOTI found Currid turne	d to hav cular Ti	eceipts for re a discrep reasurer is	deposit\mus pacy will b to provide	st be accive e returned an Official	rtely counter Riesse fac Receipt, Fr	d before tur e bills and orm SA-3,	ning in to roll chang at the tim	the Treasure ge when poss e the Collec	r. Any summary sible. The Extra- tion Summary is
I		AND REI	ACCURATE PORTED TI und Represe	HE SAME H	IEREIN		OS .		
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<u>N t</u>	um ber	<u>A m o u n t</u>		<u>A m o u n t</u>		<u>A m o u n t</u>	<u>Number</u>	<u>A m ount</u>	
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Subtotal	\$	Subtotal	\$	Subtotal	\$	Subtotal	\$

Amount From Additional Sheets	\$
Grand Total	\$

Date:	ACCOUNTABLE ITEMS REVIEW	Number:
		School
Time Frame of Report:	DESCRIPTION	:
Beginning Inventory		
Purchases		
Subtotal		
Complimentary Distributions Per School Board Policy:		
Athletic Teams		
Staff Meetings		
Awards		
Other		
Total Eligible for Sale		<u> </u>
Ending Inventory Items Sold		
Sale Price	\$	
Projected Revenue (Items Sold @	② Sale Price)	\$
Actual Amount Received		\$
Difference		\$
Signed:	Title:	

INVENTORY OF RENTAL TEXTBOOKS

,	
Date	Name of School or School Corporation

NAME OF PUBLISHING	NAME OF TEXTBOOK OR		RETAIL	TOTAL
COMPANY	SERIES OF TEXTBOOKS	QUANTITY	PRICE	VALUE
COMPANT	SERIES OF TEXTBOOKS	QUANTITY	PRICE	VALUE
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Form Prescribed by	y State Board of Accounts							School Form	n No. TBR-2 (Rev. 1997)
		OFFICIA	L RECEIPT	S - INDIVII	DUAL TEX	TBOOK REI	NTAL LIST		
				8	SCHOOL,		, INDIANA	A Receipt	0001
	Date			Name of Stu	dent		Grade)	
		Cash Amount	Check/Draft Amount	Payment Ty MO Amount	rpe and Amount Credit Card/ Bank Card Amount	EF I Amount	Other		
Quantity		Description	- Name - Series -	Code		Unit Price	Total Rental Fee	For Use	of Issuing Officer
			5) 5						
Total Received	d					\$	\$		
NOTE TO STUD	ENTS AND PARENTS:								
Care should be damaged beyon of transactions	e exercised in the use of	arge may be mad st of books and i	de as determined materials is great	l by school offici	als. Items availa	ble for classroom	use not issued to	students shall al	h textbook lost or returned Iso be listed. If the volume nd the form processed
									_ Issuing Officer

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	SCHOOL FOOD SERVICE
chool	CERTIFICATION OF MEALS PROVIDED PER HOME RULE

													DAY	OF N	10NT	Н МЕ	AL F	PROV	IDED)											
NAME/POSITION	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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I certify that the above named individuals received meals on the dates designated in accordance with written School Board Policy.

Authorized Signature	

Form Prescribed by State Board of Accounts SCHOOL FOOD SERVICE DAILY RECORD OF CASH RECEIVED

															DAILY	REC	JKL) OF	CASH	REC	FIVED							S	School _						_
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SCHOOL FOOD SERVICE DAILY RECORD OF MEALS/MILK SERVED

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		NSLP				AFTER SCHOOL	OL SUP.			SBP					
		Number of Meals Served				Number of Meals Served				Number of Meals Served				Kindergarten	l l
ш	Date	to Students	Paid	SF-1	Total	To Students	Adult	SF-1	Total	To Students	Adult	SF-1	Total	Special Milk	ш

					NSLP							RSCHOO	L SUP.						SBP							
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LINE	ĺ					Adult	Other	NSLP					Paid	Other	SUP					Paid	Other	SBP				
No		Paid	Free	Redu.	Total	Meals	Meals	Meals	Paid	Free	Redu.	Total	Meals	Meals	Meals	Paid	Free	Redu.	Total	Meals	Meals	Meals	Paid	Free	Total	No
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Date	Signature	

Form Prescribed by State Board of Accounts SCHOOL FOOD SERVICE CASH DISBURSEMENTS School Form SF-3 (Revised 1998)

School

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					T				DI	SBU	RSEMI	ENTS	FOR		1			_								
SCINE	Date	Check Number	Vendor/ Description	Food	Labor - Service Area Direction	Labor Food Prep. Dispens	d &	E Pui	quip rchase		Equi _l Repai	o rs		Misc/ Other	Description of Misc/Other Expense	T(DISB	OTAL URSED		REPAID FOOD TRUST)	(AILAB CASH ALANC	В.	ALANC	CE	SLINE
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SCHOOL FOOD SERVICE

Form Prescribed by State Board of Accounts

LEDGER OF	RECEIPTS, DISBURSEMENTS AND BALANCE		
		School	

School Form SF-4 (Revised 1998)

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SCHOOL FOOD SERVICE TICKET CONTROL

	Type of Ticket	_	
School		School Year	

School	Date	Signature
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			Date	
QUANTITY	PURCHASE DATE	BRAND NAME	MODEL OR SERIAL NUMBER	COST
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	10/11			
		PURCHASE	PURCHASE	QUANTITY PURCHASE DATE BRAND NAME SERIAL NUMBER

School	Beginning Inventory \$
Date	Ending Inventory \$

Item Description	Unit Size	No. Units	Unit Cost	Total Value
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